

SAMHSA's 2014 Native American Service to Science Initiative

Application

Organization and Program Contact Information

Identify up to three people whom you think know the program well and are invested in enhancing evaluation capacity. In the past, participants have included contact information for the organizational executive director where the program is housed, the program's director or coordinator, and the program evaluator or person who will conduct or oversee evaluation activities. To be considered complete, an application must include information for at least one contact.

Organization Contact Information

Program Name

Organization Name

Address

City

State or Territory

Postal Code

Website

Program Contact #1

Name

Title

Organization

Address

City

State or Territory

Postal Code

Phone

Email

Program Contact #2

Name

Title

Organization

Address

City

State or Territory

Postal Code

Phone

Email

Program Contact #3

Name

Title

Organization

Address

City

State or Territory

Postal Code

Phone

Email

I. Program Profile

Answer the following questions regarding organization type, organization service area, program staffing, program strategies, program target populations, program evaluation, and program funding. Questions demarcated by an asterisk (*) must be answered for the application to be considered complete.

Organization Type

1. Which of the following best describes the **type** of organization administering or housing the program? (Check the single best answer.)*

☐ Business

☐ Community Coalition

☐ Cooperative Extension

☐ Criminal Justice

☐ Education – Higher Education

☐ Education (K – 12)

☐ Media

☐ Mental Health Provider

☐ Military

☐ Prevention Organization

☐ Public Health Agency

☐ Single State Agency

- ☐ Faith Community
☐ Health Care Provider
☐ Human Services Agency

- ☐ Substance Abuse Treatment
☐ Tribal Agency
☐ Welfare Agency
☐ Other

If "Other" selected above, please specify:

Organization Service Area

2. Indicate the geographic service area of the target population your organization serves. (Check all that apply.)*

- | | |
|---|---|
| <input type="checkbox"/> City or Town | <input type="checkbox"/> National/Federal |
| <input type="checkbox"/> County | <input type="checkbox"/> Neighborhood |
| <input type="checkbox"/> Jurisdiction/Territory (e.g., Puerto Rico) | <input type="checkbox"/> School District |
| <input type="checkbox"/> Multi-County | <input type="checkbox"/> State |
| <input type="checkbox"/> Multi-State | <input type="checkbox"/> Tribal/Indian Nation |
| <input type="checkbox"/> Multi-Tribe | <input type="checkbox"/> Other |

If "Other" selected above, please specify:

3. Which geographic designation best describes the primary area your organization serves? (Check the single best answer.)*

- | | |
|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Rural | <input type="checkbox"/> Urban |
| <input type="checkbox"/> Suburban | <input type="checkbox"/> Other |

If "Other" selected above, please specify:

Program Staffing

4. How long has the program been in operation?

5. How many full-time **paid staff** work in the program? (If none, please indicate that.)*

6. How many full-time **volunteers** work in the program? (If none, please indicate that.)*

7. How many part-time **paid staff** work in the program? (If none, please indicate that.)*

8. How many part-time **volunteers** work in the program? (If none, please indicate that.)*

Program Strategy

9. What type of strategy or strategies does your program implement? (Check all that apply.)*

- | | |
|---|---|
| <input type="checkbox"/> Alternatives ¹ | <input type="checkbox"/> Policy Enforcement |
| <input type="checkbox"/> Communication Campaign | <input type="checkbox"/> Policy Implementation |
| <input type="checkbox"/> Community Mobilization or Organizational Collaboration | <input type="checkbox"/> Skills-based Education |
| <input type="checkbox"/> Cultural Practices | <input type="checkbox"/> Other |
| <input type="checkbox"/> Early Problem Identification and Referral | |

If "Other" selected above, please specify:

Program Target Populations

10. Does your program target specific population groups defined by age? (Check all that apply.)*

- | | |
|--|--|
| <input type="checkbox"/> No, we do not focus on a specific age group or groups | |
| <input type="checkbox"/> Yes, Infants and Toddlers (Ages 0 to 3) | <input type="checkbox"/> Yes, Middle-Aged Adults (Ages 26 to 54) |
| <input type="checkbox"/> Yes, Children (Ages 4 to 11) | <input type="checkbox"/> Yes, Older Adults (Ages 55 and Up) |
| <input type="checkbox"/> Yes, Adolescents (Ages 12 to 17) | <input type="checkbox"/> Other |
| <input type="checkbox"/> Yes, Young Adults (Ages 18 to 25) | |

If "Other" selected above, please specify:

11. Does your program target specific population groups defined by race or ethnicity? (Check all that apply.)*

- | | |
|---|---|
| <input type="checkbox"/> No, we do not focus on a specific racial or ethnic group or groups | |
| <input type="checkbox"/> Yes, American Indian / Alaska Native | <input type="checkbox"/> Yes, Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Yes, Asian American | <input type="checkbox"/> Yes, White or European American |
| <input type="checkbox"/> Yes, Black or African American | <input type="checkbox"/> Other |
| <input type="checkbox"/> Yes, Hispanic or Latino | |

If "other" selected above, please specify:

12. Is your program *specifically* designed to serve members of a special population group? (Check all that apply.)*

- | | |
|---|---|
| <input type="checkbox"/> Women and/or girls | <input type="checkbox"/> Individuals with disabilities |
| <input type="checkbox"/> Two-Spirit, lesbian, gay, bisexual, or transgender | <input type="checkbox"/> Homeless individuals or families |
| <input type="checkbox"/> Military personnel, veterans, or their families | <input type="checkbox"/> Individuals in recovery |
| <input type="checkbox"/> Individuals who have experienced traumatic events | <input type="checkbox"/> Other groups of special interest |

If "Other groups of special interest" selected above, please specify:

¹ E.g., mentoring, arts-based, or recreational programs that promote youth development and deter substance abuse.

Program Funding

13. What was the average operating budget of the program in the past year?*

14. Please list the program's anticipated level of funding for the next calendar year (i.e., January 2014 to January 2015).*

15. What are current barriers to sustaining program funding?*

II. Evaluation Activities

The following questions were adapted from: York, P. (2005). Appendix C: Assessing Grantees Readiness for Evaluative Learning. In A Funder's Guide to Evaluation (pages 115-124). Saint Paul, Minnesota: Fieldstone Alliance, an imprint of Turner Publishing Company.

16. How often does your organization conduct an evaluation of your program? (Check only one.)

- ☐ Never
☐ When our funders or other organizational stakeholders ask us to
☐ Once every 2-3 years
☐ Once every year
☐ Every six to nine months
☐ On an ongoing basis (we are always formally collecting, analyzing, and using program data)

17. When was your most recent program evaluation? (Check only one.)

- ☐ Never
☐ More than three years ago
☐ Between 2 and 3 years ago
☐ Between 1 and 2 years ago
☐ Within the past year
☐ We are conducting an evaluation of the program right now

Answer the following questions (18-25) with regard to your current or most recent program evaluation. If "Never" selected above, please disregard the remaining questions in this section.

18. What percentage of your organization's operating budget is allocated to support your evaluation efforts?

 %

19. What percentage of your organization's "evaluation" budget do grants from other funders cover?

 %

20. What is your organization evaluating, or what did it evaluate? (Check all that apply.)

- ☐ Client outcomes (e.g., changes in behavior, knowledge, skills, motivation, or attitude)
- ☐ Quality of program activities or services delivered (i.e., how well the program is implemented)
- ☐ Quantity of program activities or services delivered (e.g., how many activities are delivered or services are delivered, how many clients are served)
- ☐ Participant satisfaction (with program activities and/or services)
- ☐ Resources spent on program delivery (e.g., staff time, money, or other organizational resources used to deliver services)
- ☐ Other

If "Other" selected above, please specify:

21. What is, or was, the design of your evaluation efforts? (Check all that apply.)

- ☐ Using control or comparison groups (i.e., comparing those who participated in your program with those who have not)
- ☐ Using pretest/posttest data collection (i.e., gathering information from participants before and after their participation to determine the degree of change that occurred)
- ☐ Using posttest-only data collection (i.e., gathering information from participants after their exposure to or participation in the program)
- ☐ Tracking, documenting, or monitoring program delivery (i.e., telling the story of how your program is delivered, the quality of service delivery, resource use, and client satisfaction)
- ☐ Gathering and analyzing secondary data (e.g., school health data, crime reports, arrest data)
- ☐ Other

If "Other" selected above, please specify:

22. What data collection methods is your organization using (or has used) for its evaluation efforts? (Check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Closed-ended surveys or questionnaires | <input type="checkbox"/> Document review or record abstraction |
| <input type="checkbox"/> Semi-structured or open-ended interviews | <input type="checkbox"/> Video or photo recording |
| <input type="checkbox"/> Direct observation | <input type="checkbox"/> Other |
| <input type="checkbox"/> Semi-structured or open-ended talking circles or focus groups | |

If "Other" selected above, please specify:

23. Who is, or was, involved in **designing** the evaluation? (Check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Community members | <input type="checkbox"/> Program participants or clients |
| <input type="checkbox"/> Tribal or organizational leaders | <input type="checkbox"/> Board members |
| <input type="checkbox"/> Program staff | <input type="checkbox"/> Funders |
| <input type="checkbox"/> External evaluator | <input type="checkbox"/> Other |
| <input type="checkbox"/> On-staff evaluator(s) | |

If "Other" selected above, please specify:

24. Who is, or was, involved in **implementing** the evaluation? (Check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Community members | <input type="checkbox"/> Program participants or clients |
| <input type="checkbox"/> Tribal or organizational leaders | <input type="checkbox"/> Board members |
| <input type="checkbox"/> Program staff | <input type="checkbox"/> Funders |
| <input type="checkbox"/> External evaluator | <input type="checkbox"/> Other |
| <input type="checkbox"/> On-staff evaluator(s) | |

If "Other" selected above, please specify:

25. How would you rate your program staff (or volunteers) **overall** in the following areas? Please refer to the following descriptions when answering Question 25:

Novice: Most staff members require close guidance or instruction to successfully perform the evaluation task.

Advanced beginner: Most staff members are able to achieve some steps using their own judgments, but require guidance for the overall task.

Competent: Most staff members are able to achieve most evaluation tasks using their own judgment.

Proficient: Most staff members are able to take full responsibility for their own evaluation work and coach others.

Expert: Most staff members are able to go beyond existing evaluation standards and create their own interpretations regarding a given evaluation task.

	Novice	Advanced Beginner	Competent	Proficient	Expert	Don't Know
Communicating with stakeholders, consultants, and clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilitating group processes and consensus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developing program logic models to guide evaluation planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Designing or implementing an outcome evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Designing or implementing a process or implementation evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Designing or implementing data collection procedures and instruments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analyzing data or developing data analysis plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reporting evaluation findings through publication or presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using evaluation results to improve programming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. Abstract

Please enter a short (200 words or less) description of the nominated program.

IV. Narrative

Provide a description of your program, your management plan, and how you intend to use the Service to Science TA. **This description should be no longer than 15 double-spaced pages, 12 point font, with one-inch margins.** It will be scored (up to 70 points) and should include the following information:

A. Program Rationale (22 points): In this section, describe why your program is needed, including information on the following:

- The general substance abuse and, if relevant, related mental health problems to be addressed in your tribal community and/or among American Indian/Alaska Native populations
- Factors that contribute to or protect against the substance abuse and, if relevant, related mental health problem(s) identified in your tribal community or among American Indian/Alaska Native populations
- Consequences of, or related mental health problems associated with, the substance abuse problem(s) identified
- How the program addresses identified contributing factors to, protective factors against, or consequences of substance abuse and, if relevant, related mental health problems
- Gaps in existing community services or programming that address the identified problem and those factors that contribute to or protective against the problem
- How your program addresses these gaps in substance abuse prevention programming or services for American Indian/Alaska Native populations
- The program's anticipated substance abuse and other relevant outcomes, including related risk and protective factors
- How outcomes link to state prevention priorities or SAMHSA Strategic Initiatives (<http://www.samhsa.gov/about/strategy.aspx>)

B. Core Program Elements (14 points): This section should include information on the essential program elements, including the following:

- What the elements include (i.e., the essential approaches, strategies, methods, products, or practices delivered) and how they are responsive to the gaps/needs identified in the rationale
- To whom the elements are delivered (i.e., characteristics of the population served and the program's attention to cultural factors) and the extent to which elements or activities are attentive to the needs of the American Indian/Alaska Natives, including cultural factors
- How the program elements were designed based on input from or practical experience with the American Indian/Alaska Native populations
- Where the program elements are implemented (i.e., the program setting or where the program is delivered)

- When elements are implemented (i.e., the length and intensity of program elements or the dates or amount of exposure to program elements)
- Why these elements are implemented (i.e., why they will lead to anticipated outcomes)

C. Program Innovativeness (18 points): In this section, explain how your program is innovative—how it is a *new* service, practice, policy, or program distinguished by its creativity, originality, and utility. Note that innovative programs do *not* include existing evidence-based programs or combinations of existing evidence-based programs.

Note. Existing evidence-based programs that have been significantly adapted for American Indian/Alaska Native populations, or to address substance abuse problems with which they were not originally tested, *do qualify as innovative*.

Specifically, note how your program is:

- a new or different service, practice, or policy that has not been implemented by others to address the problem on which you are focusing;
- distinguishable from other programs by its creativity or originality; and
- distinguishable from other programs by its utility, practicality, or feasibility.

D. Program Management (8 points): In this section, describe your organizational capacity to implement the nominated program and, more specifically, how the program gets implemented and who is responsible for implementation. Include a description of the following:

- The agency's organizational structure and how the program fits into that structure (if possible, append an organizational chart)
- The individuals who oversee and implement program activities (including their roles and responsibilities)
- The quality assurance procedures that are in place to ensure that the program is well-implemented and meets the needs of those who participate or who are served
- The ways that the program or organization is associated or collaborates with, or supports, other local or tribal-level prevention efforts and systems

E. Native American Service to Science Technical Assistance (TA) Plan (8 points): In this section, describe how you plan to use the evaluation TA available through the initiative to strengthen your evaluation or evaluation plan. This section should include the following information:

- Current gaps or challenges in your evaluation or evaluation plan that you would like addressed through Service to Science TA
- Evaluation enhancements on which you would like to focus, and some explanation of why you chose this focus
- Program or agency staff, including the evaluator (if applicable), who will work with the designated TA providers on evaluation enhancements
- How staff will work with the designated TA provider to enhance evaluation, including specific evaluation tasks and dedication of staff time

V. Appendices

The items you choose to include as appendices *will not be scored* and *there is no limit*. However, we ask that you use *careful judgment when selecting materials*, and that you *reference each appendix* in your narrative to provide the application reviewer a sense of why each appendix was included. We encourage you to assemble as appendices any existing materials you have that elaborate on the different topics above. We are not asking you to produce any materials that do not already exist, but to share with us what is already available. The following are some examples of items to include*:

- Program and evaluation logic models
- Agency or organizational annual reports
- Organizational charts
- Program brochures
- Evaluation reports or publications of findings
- Articles submitted for publication
- Data collection tools
- Videos describing your program's setting, strategies, or population served

Note. The purpose of Native American Service to Science TA is to improve evaluation capacity, including strengthening program design, to achieve expected outcomes. The purpose of the Native American Service to Science initiative is **not** to assist in developing program curriculum. You may submit program curricula in order to provide reviewers and TA providers with a better sense of program activities. Since we understand that these materials are highly proprietary, **SAMHSA's Tribal Training and Technical Assistance Center will neither copy nor keep any part of these materials.** Rather, curricular material will be returned to the program at the end of the Service to Science year.

Please send all applications by email or fax to:

Seprieono Locario, M.A.
Training and Technical Assistance Director
SAMHSA's Tribal Training and Technical Assistance Center (Tribal TTAC)
Phone: (301) 257-2762
Email: slocario@tribaltechllc.com

** Please note: If you do not have (or are unable to scan and send) electronic copies of appendices, then you may mail them to the above address **before the application deadline.***

Applications must be completed no later than Friday, April 25, 2014 at 5:00pm PST (8:00pm EST).

If you have any questions about the 2014 Native American Service to Science initiative, please contact either of the following individuals:

Seprieono Locario, M.A.
Training and Technical Assistance Director
SAMHSA's Tribal Training and Technical Assistance Center (Tribal TTAC)
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